

**APPLICATIONS AND ENROLLMENTS****WS-EN1**

Name/HI Number	Application Signed, Dated, Completed Correctly?	Date Complete App. Received by M+C Org.?	Date of Acknowledgment Notice -- Was Beneficiary Correctly Notified of the Enrollment Date; and How to Obtain Services?	HCFA Effective Date. (from Monthly Reply Listing)	Date of Confirmation Notice.	Application Received in Closed Enrollment?	Correct Procedures Followed?	Comments

Standard: 95 percent correct.

Determination: Transfer results of this sample to the appropriate requirements within EN02 - EN16 of the *Review Guide*. See Column Explanations for coded requirements related to specific columns.

## APPLICATIONS AND ENROLLMENT

WS-EN1

**Requirement:** 42 CFR 422.50(a)(1). Individuals who are entitled to benefits under both Part A and Part B of Medicare may elect to receive those benefits through an M+CO ~~Organization~~ that has a contract in effect with HCFA.

**Purpose:** To ensure that the M+CO's ~~Organization's~~ process to consider and accept or reject Medicare applicants who apply for coverage under the M+CO ~~Organization~~ meets all the necessary requirements.

**Sample:** The reviewer will develop the universe to include all enrollments submitted by the M+CO ~~Organization~~ and accepted by HCFA during the six-month period ending with the month prior to the scheduled visit. These are identified by Transaction Code "61" on the *HCFA Monthly Transaction Reply/Monthly Activity Report* listings. If you need specificity for pulling the sample, look to the following **reply** codes: 11 (enrollment accepted as submitted), 22 (enrollment accepted, claims number change), 23 (enrollment accepted, name change).

From this universe, the reviewer will select 30 cases in accordance with random selection methods discussed in the Review Guide Instructions, under Sampling Methodology. (**Note: During focused reviews, HCFA staff may elect to increase sample sizes to 100 cases or more, as deemed appropriate by the Agency.**) Five to seven (5 - 7) days before the site visit, the reviewer will notify the M+CO ~~Organization~~ of the specific units of analysis. The M+CO ~~Organization~~ shall have all necessary documentation for the units of analysis available upon the reviewer's arrival on site. The documentation should include enrollee files (containing correspondence and other documentation related to application procedures and enrollment actions) which correspond to the enrollment sample. If the sample does not provide enough concrete data on the procedures followed by the M+CO ~~Organization~~ in accepting applications and enrolling applicants, increase the number of files to be reviewed. Portions of this review may be conducted as desk reviews.

### Column Explanations:

**Name/HI Number:** Self-explanatory.

**Application Signed, ~~Dated~~, Completed Correctly?** Was the application completed correctly? Did it contain the name, address, gender, Medicare entitlement information, residence address? Is the application signed by the applicant who wishes to enroll or by a court-appointed guardian or representative payee? If someone assisted the applicant in completing the application, did they also sign it and indicate their relationship to the applicant? Did the applicant have an opportunity to acknowledge an understanding of the lock-in, disclosure requirements and the rules of the M+CO ~~Organization~~? If these are not on the application form, ascertain if the M+CO ~~Organization~~ utilizes and distributes a membership agreement/evidence of coverage which is required as an addendum to the application. **Transfer results to ~~EN02~~ EN03 - EN06.**

**Date Complete Application Received By M+CO ~~Organization~~:** Review M+C Plan's copy of the enrollment application for an official date stamp to verify the date the completed application was received by the M+CO ~~Organization~~. **If the initial application is incomplete, a second date stamp will be necessary to document when the application was completed.** **Transfer results to ~~EN08~~ EN07 - EN10.**

**Beneficiary Correctly Notified of Enrollment Date?** Was the applicant correctly notified of the date of enrollment? Verify if the acknowledgment letter was sent within ~~30 days of~~ completed application form, giving **time frames specified by HCFA**. **The notice should give the** proposed date of enrollment, and informing the applicant on how to receive medical care until that date. **Transfer result to EN09 & EN10.**

**HCFA Effective Date:** Is the effective date of enrollment in the M+CO's ~~Organization's~~ records different from HCFA's Monthly Transaction Reply Report listings? If so, determine how the M+CO ~~Organization~~ is covering the enrollee's claims and if there are problems related to this discrepancy.

**Date of Confirmation Notice:** **After receipt of the HCFA Monthly Transaction Report/Reply Listing**, is the date of the enrollment confirmation notice sent to the beneficiary within ~~7~~ business days of the availability of **the HCFA Monthly Transaction Report/Reply Listing**, and is the Evidence of Coverage included as an addendum to the confirmation notice **time frames specified by HCFA**? **Transfer Result to ~~EN13~~ EN14.**

**Application Received in Closed Enrollment?** Was the application received during a period of closed enrollment and if so were correct procedures followed? Determine if the M+C Organization is wait-listing applicants and notifying them of the wait-list procedures. **Transfer result to ~~EN14~~ EN15.**

**Correct Procedures Followed?** Was the application processed correctly: date stamped, transmitted to HCFA within ~~30 days of receipt~~ **time frames specified by HCFA**, and notices provided with correct language regarding how to obtain medical services, and lock-in statement. **Transfer results to EN02 thru EN16.**

**Comments:** Self-explanatory.